



GOVERNOR'S OFFICE *of*
PLANNING *and* BUDGET

Annual Report: Georgia All-Payer Claims Database

November 10, 2022

A Report for the General Assembly pursuant to O.C.G.A. 31-53-43.

Grant Thomas

*Director, Office of Health Strategy and Coordination,
Governor's Office of Planning and Budget*



Message from Director Grant Thomas



As Director of the Office of Health Strategy and Coordination (OHSC), I am pleased to submit this Annual Report on the progress we have made with planning, development, and implementation of Georgia's All-Payer Claims Database (APCD). This report supports the objectives of Senate Bill 482, O.C.G.A. 31-53-40 *et seq.*, to establish the Georgia APCD to, "...facilitate the reporting of health care and health quality, cost, and efficiency data resulting in transparent and public reporting of safety, quality, cost, and efficiency information at all levels of health care."

During FY 2022, OHSC began the work of planning for the design, development, and implementation of the APCD, including chartering the Advisory Committee, convening Advisory Committee meetings, establishing stakeholder workgroups and subgroups to provide input to policies and processes for protecting both APCD data and consumer privacy, and for requests for data, and release of data. The project team worked with the Georgia Tech Research Institute Center for Health Analytics and Informatics (GTRI-CHAI) and stakeholders to make decisions on the technical design of the APCD and identified initial use cases for using the data to accomplish the goals of the APCD legislation. In addition, the project team developed an Advanced Planning Document (APD) to secure federal Medicaid matching funds for the APCD. This request has been approved by the Centers for Medicare and Medicaid Services (CMS), providing the majority of the funding for APCD implementation. The project team has also successfully completed the procurement process to select a solution provider for APCD Data Collection services.

We are excited to now transition into the active implementation phase of the project, working with our technology supplier to build and configure the APCD for initial claims data submissions. At the same time, we are working with GTRI-CHAI to prepare an Analytics Environment to support our initial use cases.



I would like to express gratitude and appreciation to Governor Kemp and members of the Georgia General Assembly for establishing our office and enabling this work. I would also like to thank the many agency leaders and staff at OHSC, the Department of Community Health (DCH), the Georgia Technology Authority (GTA), and the Department of Administrative Services (DOAS) for assisting us with the process of implementing the APCD. The entire APCD team at both OHSC and GTRI-CHAI are grateful to the members of the APCD Advisory Committee, workgroups and subgroups who have provided valuable feedback, reviewed best practices, and assisted the team with development of the policy framework and decision support to complete the APCD planning and design.

This report details the work in which we have been engaged in to date and our commitment to delivering an APCD that will support the transformation and improvement of health and health care in Georgia.

Grant Thomas

Director, Office of Health Strategy and Coordination



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APCD LEADERSHIP

Office of Health Strategy and Coordination

The Office of Health Strategy and Coordination (OHSC) was established in Georgia Code (Title 31 Chapter 53) by House Bill 186 during the 2019 Legislative Session. OHSC is an office within the Office of the Governor and is administratively attached to the Governor's Office of Planning and Budget.

OHSC is tasked with sharing healthcare information and coordinating strategic healthcare policy between state agencies, healthcare providers, and the public, and developing innovative approaches for lowering health costs while improving access to quality healthcare.

The responsibilities of OHSC include:

- Facilitating collaboration and coordination between state agencies
- Coordinating health functions and outcomes, including mental health services
- Serving as a forum for identifying Georgia's specific health issues of greatest concern
- Promoting cooperation from both public and private partners to test new and innovative strategies

OHSC also advises the Governor on healthcare policy issues.

Georgia Tech Research Institute (GTRI-CHAI)

Georgia Tech Research Institute's Center for Health Analytics and Informatics (GTRI-CHAI) works with a diverse set of federal, state, industry, and academic partners to develop data-driven solutions to the most challenging problems in healthcare. GTRI-CHAI has extensive experience in health data analytics, interoperability, and human factors engineering and applies this expertise to topics of healthcare quality.



APCD Key Accomplishments

The APCD Team, including both OHSC and GTRI-CHAI, dozens of volunteer stakeholders, staff from several state agencies, consultants, and national APCD leaders collaborated extensively during the past year to complete the planning and design of the APCD. We are grateful for the time, dedication, and valuable input provided by everyone involved in our efforts. Accomplishments of the APCD related to the design, development, and implementation of the APCD as of the writing of this report include:

- *Established the APCD Advisory Committee*
- *Collection of input from diverse groups of stakeholders representing government, payer and other submitters, patient advocacy, researchers, and academics*
- *Received approval from CMS for federal Medicaid matching funds to support APCD implementation*
- *Developed and published an RFP for a technology supplier to provide the APCD Data Collection module*
- *Onboarded the APCD Software Supplier, who began work creating the environment to ingest claims data*
- *Convened three workgroups and two sub-groups resulting in recommendations regarding technical design, priority use cases, data protection, and processes for data access and release*
- *Development of a framework for operation of a Data Review Committee (DRC) to evaluate requests for data from the APCD*





All-Payer Claims Database Defined

APCDs are centralized statewide repositories for enrollment and claims data from public payers (Medicare, Medicaid, state employees and retiree benefit plans) and private payers (group and individual commercial or employer-sponsored commercial health plans). Most states mandate that payers submit data to their APCD to the extent allowed by law. Many states also encourage voluntary submissions of data. Eighteen states have established APCDs to provide transparency of healthcare costs and variability in utilization and services, and to identify wasteful healthcare spending on care that is not supported by evidence-based guidelines. Another eight states are in the process of implementing APCDs, including Georgia.

Some states have established public websites to illuminate price variations for procedures and other services across provider organizations within the state. Some state APCDs also combine clinical quality measurement data with claims data to inform value-based healthcare purchasing by consumers, employers, state Medicaid agencies, and other payers.

SB 482, passed in 2020, called on OHSC to create and implement an All-Payer Claims Database in Georgia, to be administered by the Georgia Tech Research Institute Center for Health Analytics and Informatics (GTRI-CHAI). Funding was provided to OHSC in the FY 2022 Appropriations Act, and Director Grant Thomas was appointed in June 2021.

In accordance with the statute, an All-Payer Claims Database (APCD) Advisory Committee was established, with representatives from state agencies, the hospital industry, medical providers, philanthropic organizations, and the insurance industry. Director Thomas also serves as Chair of the APCD Advisory Committee.



APCD Use Cases

Data extracted from APCDs is commonly used for research and analysis to inform policymakers on health and healthcare policy decisions. It is used for academic research to support and further medical science and the understanding of illness and injury. APCD data is used for analysis of the costs of individual services, total cost of care for populations, both statewide and at the community level. It is used to understand rates of utilization of services, medications, devices, and other types of care, as well as the rate of incidence of specific diseases, conditions, or injuries. Data is also used for financial analyses and reports to inform budget planning by public and private entities.

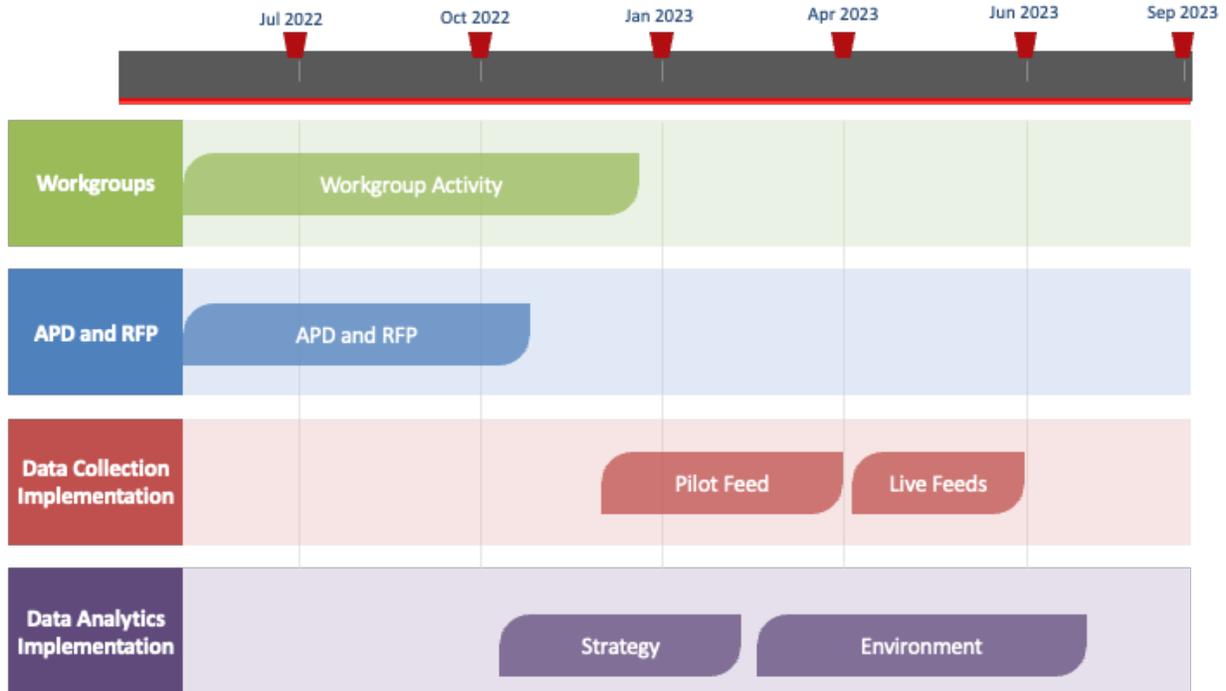
Some examples of APCD use cases from other states:

- Colorado: Generated an out of network services fee schedule as part of a coordinated effort to eliminate surprise medical billing. Maryland also uses APCD data to track trends in surprise billing.
- Arkansas: Data showed that smoking costs Medicaid and private insurance over \$795 million a year in the state.
- Virginia: Identified a potential cost savings of \$100,515,823 for using PCPs vs Emergency Departments for the same treatment.
- Utah: Found that patients with back pain was the most common reason for chronic prescription opioids, which led to targeted physician outreach. Virginia and Minnesota also used their APCDs to track opioid use.





APCD Planning Phase



Project Timeline – Planning, Design, Development & Implementation

Over the course of our first year, the primary focus for the APCD team has been the work of planning, development, and design. In addition to forming and convening the APCD Advisory Committee, multiple workgroups and subgroups were established to provide input and feedback to the design of the APCD, protection of data, and the policies under which the APCD will be administered. We are very grateful to the more than 70 members from 25 different public and private sector organizations who have volunteered their time in support of our efforts.



The following workgroups and subgroups were established:

- ***Use Case Workgroup***

Purpose: To consider ways APCD data could be used in Georgia to meet legislative goals; to develop a list of use cases for APCD implementation; to prioritize those initial use cases which would bring the greatest value to the state, given the volume and types of data that will initially be available.

- ***Technical Design Workgroup***

Purpose: To consider technical design options for the APCD, the experiences of states who have implemented APCDs, and review technical trends that have emerged during the evolution of APCDs in other states.

- ***Data Submissions Standards sub-group***

Purpose: To set the standards for data to be collected in the APCD and develop a Data Submission Guide for payers and other submitters.

- ***Data Privacy, Security, and Access Workgroup***

Purpose: To consider best practices and recommend policies and processes for protecting both the APCD data and the privacy of Georgians whose care is represented in the claims data; To determine policies and processes for government and private entities to obtain data products from the APCD.

- ***Data Use Agreements sub-group***

Purpose: To provide input to OHSC and GTRI-CHAI on the provisions and obligations for inclusion in agreements that will be executed between the APCD and approved recipients of APCD data.



APCD Funding and Sustainability

In addition to the appropriations in the state budget, SB 482 directs OHSC to seek options for funding the development and operations of the APCD. Working closely with GTRI-CHAI and the Georgia Department of Community Health, a request for matching federal funding was submitted to the federal Centers for Medicare and Medicaid Services (CMS). This request, which is called an Advanced Planning Document (APD) was approved in March 2022. As a result, close to 90% of the initial cost of implementing the APCD will be provided by CMS.

OHSC continues to evaluate additional and future funding sources for long-term sustainability of the APCD.

The five-year cost to design and implement the APCD is just under \$16 Million. As of October 15, 2022, approximately \$1.1 million has been spent on planning and design of the APCD. \$550,000 has been paid by CMS. An additional \$14 million is available from CMS over the next two years. As a result of this combined state and federal funding, OHSC has determined that current efforts are fiscally sustainable.



APCD Implementation

The design of the APCD includes two modules: Data Collection and Data Analytics. The Data Collection module involves the work of receiving files from payers, de-identifying the data, evaluating the quality of the data, and, finally, mapping the data to a standard data format. A copy of this de-identified data is moved to a separate environment to allow analytics and reporting for approved use cases. This separate environment is called the Data Analytics module.

With support from our Technical Design Workgroup, it was determined that the Data Collection Module could best be provided through contracting with a supplier with experience operating APCDs in other states. In partnership with the Georgia Department of Administrative Services, a Request for Proposal (RFP) was published in March 2022. On October 20, 2022, after completing the review process and obtaining CMS approval, a contract was awarded to Onpoint Health Data. Onpoint provides APCD Data Collection for more than half of the states currently operating APCDs. Based on our project plan and contract, we expect to have our data submission portal operational before June 2023.

The APCD team is finalizing the design and planning of the Data Analytics module and expects to share these plans in early 2023.



A Look Ahead

There has been significant progress made in the planning, design, and development of the APCD during our first year, setting the stage for an aggressive implementation schedule in the year ahead.

We anticipate opening our data collection portal to the first submitters before June 2023. We will publish the timeline and requirements for all mandated payers to submit data and will engage with voluntary submitters to encourage participation.

Using initial data in the APCD, we anticipate developing our first analytics use case in the second half of 2023. During that time, we will also begin to convene our Data Review Committee, which will evaluate requests for APCD data.

A successful APCD implementation requires extensive engagement with stakeholders throughout all aspects of the healthcare system. We have already begun this work, and will continue to expand our engagement with payers, providers, and patient organizations to help all understand the protections built into the APCD, and the value which can be gained through use of APCD data.

Our workgroups and subgroups will continue to meet to provide advice on the strategic direction of our APCD development. We will also continue to expand our participation in the national APCD community and standards-setting organizations.

As we operationalize the process of onboarding traditional claims payers, we will begin to plan the submission process with other mandated parties, including the Georgia Department of Corrections and the Georgia Cannabis Commission.

We are excited to be able to make the transition from the planning stage to the implementation phase. We look forward to providing a system which helps to inform improvements throughout the healthcare environment in Georgia.



Contacts for Further Information

For questions regarding the APCD, please email: APCD@opb.georgia.gov

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More information about the Office of Health Strategy and Coordination can be found at:
<https://opb.georgia.gov/ohsc>

Information related to the APCD project, including reports and materials from previous meetings of the APCD Advisory Committee, are available at:
<https://opb.georgia.gov/ohsc/georgia-all-payer-claims-database-advisory-committee>



Acronyms

APCD	All-Payer Claims Database
APD	Advanced Planning Document
CMS	Center for Medicare and Medicaid Services
DOAS	Department of Administrative Services
DCH	Department of Community Health
ERISA	Employee Retirement Income Security Act
GTRI-CHAI	Georgia Tech Research Institute, Center for Health Analytics and Informatics
HIPAA	Health Insurance Portability and Accountability Act of 1996
LDS	Limited Data Set
OHSC	Office of Health Strategy and Coordination
PHI	Protected Health Information
RFP	Request for Proposal